

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

lofl

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -5 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

J-12880

1. Corporation Name

Glenn R. Miller, P.A.

2. Principal Office Address

67 NE 168th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

69-2707416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

12-19-03 01040 005 # 750.00
02-01

7. Name and Address of Current Registered Agent

Name

Glenn R. Miller

Street Address (P.O. Box Number is Not Acceptable)

67 NE 168th Street

Suite, Apt. #, Etc.

City

North Miami Beach

REINSTATEMENT

05/03/04 01040 001 ***300.00

400035255464

05/03/04 01040 001 ***300.00

FL 33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Glenn R. Miller

REGISTERED AGENT MUST SIGN

Date 4-26-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Glenn R. Miller	67 NE 168 th Street	N.M. Bch., FL 33162

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Glenn R. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

Daytime Phone #

(305) 657-5791

2082

4-26-04

Dear Sir,

I did not receive your December 2003 Communication.

Per Phone Conversation with Shawn (Mk.)
enclosed is the fee of ~~\$300.~~ ^{\$750.}
Sent previously.

